Request for SLO stipend -2016/2017 Academic Year

In order to receive a $100 stipend, a part-time instructor must complete an assessment plan, assessment results, and actions to improve learning. This work must be documented in Taskstream and must be *authentic* (as described in the SLO assessment rubric).

Employee checklist (initial each of the following):

1. The information listed below is complete and accurate. \_\_\_\_\_\_\_\_
2. A printout of the Taskstream workspace is attached or an
assessment coordinator has signed off on the work. \_\_\_\_\_\_\_\_
3. Submit to your department chair. \_\_\_\_\_\_\_\_
4. Complete a timesheet in L304 (top floor of Library) during library
open hours or contact ccoleman@peralta.edu if you are
unable to do so. Instructions are on the “SLO timesheet” envelope
taped to the door. \_\_\_\_\_\_\_\_

Department Chair checklist (initial each of the following):

1. I’ve reviewed the assessment plan, results, and actions. \_\_\_\_\_\_\_\_
2. I support the action plan(s) described. \_\_\_\_\_\_\_\_
3. If there are budgetary requests included, I support them. \_\_\_\_\_\_\_\_

All requests must be submitted to Heather Casale (S-323) for processing by June 9 (1 week after grades are due).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLO Coordinator Signature (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLOAC Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_